

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Salt Creek
City Mendon Mo (No., St. Ward)

Registration District No. 172
Primary Registration District No. 5239

File No. 48764
Registered No. 13

2. FULL NAME Still Born

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9 '36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendon Mo

FATHER 13. NAME Philip Speichiger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R.R.D. Mendon Mo

MOTHER 15. MAIDEN NAME Adeline Gaff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill.

17. INFORMANT (ADDRESS) Phillip Speichiger Mendon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE on Farm DATE Aug 9 '36

19. UNDERTAKER (ADDRESS) None

20. FILED Aug 14 '36 W.D. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1936, to Aug 9, 1936

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Still Born Date of onset

Other contributory causes of importance:

Multiple Birth

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify..... (Signed) W. B. Lucas, M. D.

(Address) Mendon Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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